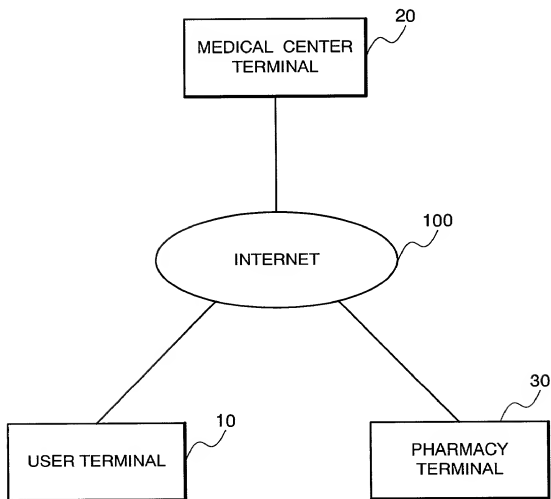


FIG. 1



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FIG. 2

HOME MEDICAL EXAMINATION REQUEST

CLIENT (SICK PERSON)

200a 200c SEX 200d

200b AGE 200e

DATE OF BIRTH

☐ MEIJI ☐ SHOWA ☐ HEISEI

☐ TAISHOU YEAR MONTH DAY

RESIDENCE 200f

NET ADDRESS 200g

MEDICAL INSURANCE ☐ MEMBER ☐ NON-MEMBER

KIND OF MEDICAL INSURANCE ☐ SOCIAL INSURANCE ☐ NATIONAL HEALTH INSURANCE

INSURANCE CERTIFICATE NUMBER 200i

☐ PERSON TO BE INSURED ☐ PERSON TO BE SUPPORTED

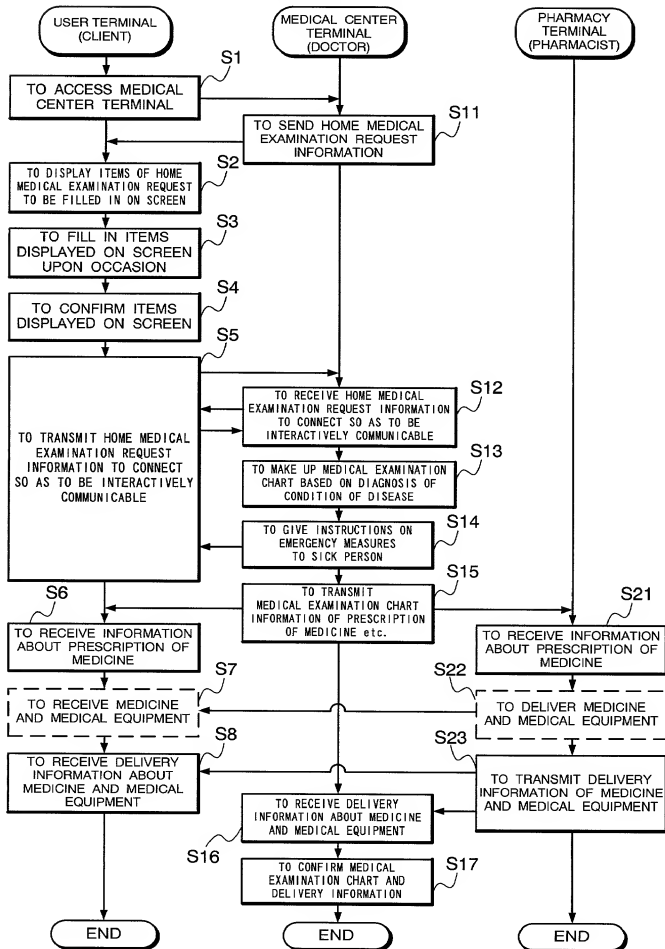
CONDITION OF DISEASE OF PERSON IN QUESTION 200k

201 202

DEFINED REQUEST

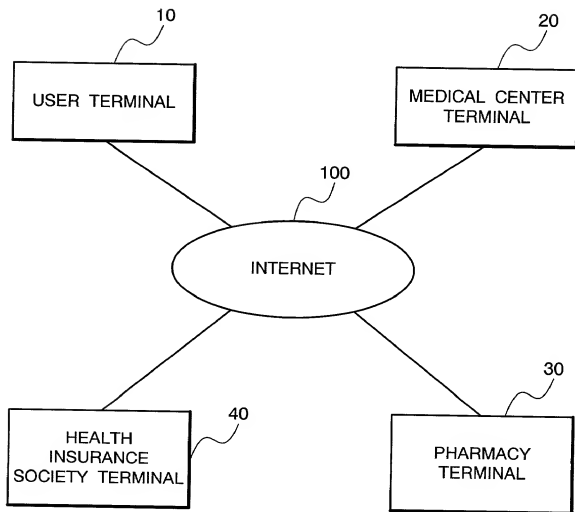
HOME MEDICAL EXAMINATION REQUEST DISPLAY SCREEN 200

FIG. 3



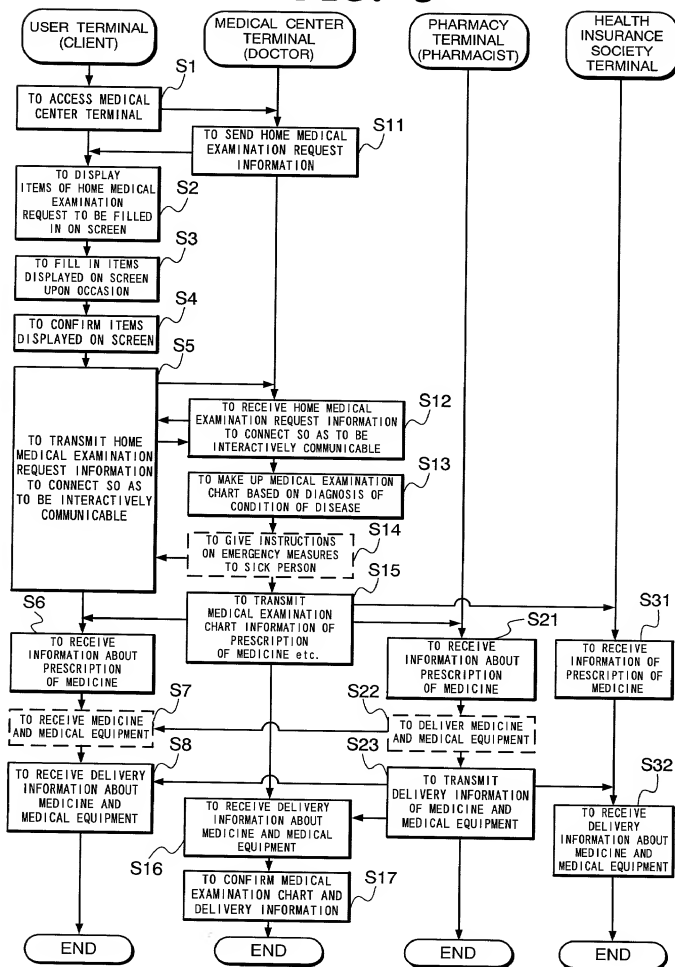
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FIG. 4



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FIG. 5



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